MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01468

CERTIFICATE OF DEATH

Reg. Dist. No. 51

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place) 42 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Lusby
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (First) (Middle) (Last) Buck

4. DATE OF DEATH: (Month) February (Day) 19 (Year) 1953

5. SEX: female

6. COLOR OR RACE: Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: February 17 1953

9. AGE last birthday: yrs. — IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours 42, Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired):

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Prince Frederick, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Buck

14. MOTHER'S MAIDEN NAME: Bessie Deare

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)

16. SOCIAL SECURITY No.:

17. INFORMANT & ADDRESS: Bessie Buck-Lusby, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

774X

Immediate cause (a) Congenital heart condition — Interval Between Onset And Death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO

(c) (Prematurity)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/17, 19..., to 2/19, 19..., that I last saw the deceased alive on 2/19, 19..., and that death occurred at 12:10 AM, from the causes and on the date stated above.

SIGNATURE (Degree or title) R.W. Sellman — ADDRESS 5th Street — DATE SIGNED 2/19/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF 2-20-53 — NAME OF CEMETERY OR CREMATORY Eastern Chapel — LOCATION (City, town, or county) Calvert — (State) Md.

DATE REC'D BY LOCAL REGISTRAR 2-19-53 — REGISTRAR'S SIGNATURE H.W. Ward

24. FUNERAL DIRECTOR P.E. Sewell — ADDRESS Prince Frederick Md.

VS. A15

202324303

RECEIVED
FEB 24 1961
BUREAU V. S.

A15

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 01469

CERTIFICATE OF DEATH

Reg. Dist. No. 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL) OR TOWN and give nearest town) Solomons
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons
STREET ADDRESS (If rural give location) —

3. NAME OF DECEASED: (Type or Print) (First) B. (Middle) Creston (Last) Garner

4. DATE OF DEATH: (Month) Feb. (Day) 13, (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 17, 1899

9. AGE last birthday: 53 yrs. IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Farm Owner

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Calvert County, Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin Garner

14. MOTHER'S MAIDEN NAME: Lillian Ogden

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No

16. SOCIAL SECURITY No.: 216-12-4582

17. INFORMANT & ADDRESS: Elayne Huff. Prince Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Coronary Thrombosis — Interval Between Onset And Death: 6 hrs

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Arterial Hypertension — 3 yrs

DUE TO

(481X)

(c) Influenza — — 3 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: — 19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify) —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE) —

TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 2/13, 1953, to ....., 19....., that I last saw the deceased alive on 2/13, 1953, and that death occurred at 12.30 PM from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr. E. S. Coster ADDRESS Solomons, Md DATE SIGNED Feb. 14-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb. 15, 1953 — NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery — LOCATION (City, town, or county) (State) Lusby - Calvert Co., Md.

DATE REC'D BY LOCAL REGISTRAR 2/14/53 — REGISTRAR'S SIGNATURE Dr. E. S. Coster

24. FUNERAL DIRECTOR ADDRESS A. A. Harkness & Son - Mutual, Md.

RECEIVED
FEB 19 1953
BUREAU V. S.

Item 8 Film G151 2/17/53 whw

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

01470

Reg. Dist. No. 51

1. PLACE OF DEATH:
County: Calvert
City or town: Prince Frederick
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 2½ hours
Hospital, institution, or street address where death occurred:
Calvert County Hospital
How long in hospital or institution? 2½ hours

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Calvert
City or town: Island Creek, Maryland
(If outside city or town limits, write RURAL and give nearest town)
Street No.:
(If rural, give LOCATION)
2.(a) If veteran, name war:

3.(a) FULL NAME: William Golder

3.(b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Married

6.(b) Name of husband or wife: Pernella Golder
6.(c) If alive, give age: 58 years

7. Birth date of deceased (mo., day, yr.): March 9, 1880

8. AGE: Years	Months	Days	If less than one day
72 ~~73~~			hrs. min.

9. Birthplace: Prince Frederick, Calvert Co. Md.
(Town, county, and state)
10. Usual occupation: Farming
11. Industry or business: Farming Tenant

FATHER
12. Name: Charles Golder
13. Birthplace: Calvert County, Maryland

MOTHER
14. Maiden name: Charlotte Mabry
15. Birthplace: Calvert County, Maryland

16. Informant: Pernella Golder
Address: Island Creek, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof 2-11-53 (month) (day) (year)
Cemetery or crematory: Brooks Chapel
Location: Island Creek, md
18. Funeral director: P E Sewell
Address: Prince Frederick, md
19. 2-10 1953 (Date rec'd by registrar) H. W. Ward Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: February - 8 1953, at 5:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ..... 19..... to ..... 19.....
and that I last saw h..... alive on ..... 19.....

Immediate cause of death	DURATION
Coronary occlusion	
Due to: Generalized arterio-sclerosis	
Due to:	
Other conditions: 430.1	

(Include pregnancy within 3 months of death)

Major findings of operations: ..... Date of op. .....
Autopsy results:
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: ..... Date of .....
Where did injury occur? ..... (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) .....
Means of injury: ..... Injured at work?

23. SIGNATURE: P E Sewell M. D. or other
Address: St Leonard Date signed: 2/6/53

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

RECEIVED
1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01471

CERTIFICATE OF DEATH

Reg. Dist. No. 5-1

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Plum Point; LENGTH OF STAY (in this place) 1 Day; STATE MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Huntingtown; STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) Edith (Last) Vance

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 28, 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): W

8. DATE OF BIRTH: May 13 1876

9. AGE last birthday: 76 yrs. If under 1 year: Months 9, Days 15; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Calvert County, Md

12. CITIZEN OF WHAT COUNTRY? U. S. a.

13. FATHER'S NAME: James Crawford

14. MOTHER'S MAIDEN NAME: Sarah Bowen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO.: No

17. INFORMANT AND ADDRESS: Mrs Austin Bowen - Huntingtown, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Coronary Occlusion

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/25, 1953, to 2/28, 1953, that I last saw the deceased alive on 2/25, 1953, and that death occurred at 4 00 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. Weems. MD Huntingtown 2/28/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE THEREOF Mar. 2, 1953 | NAME OF CEMETERY OR CREMATORY Emanuel Cemetery | LOCATION (City, town, or county) (State) Plum Point - Calvert Co. - Md

DATE REC'D BY LOCAL REG. 3-2-53 | REGISTRAR'S SIGNATURE H. W. Ward.

24. FUNERAL DIRECTOR ADDRESS C. A. Harkness & Son - Mutual, Md.

RECEIVED
MAR 6 1953
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dares
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Dares
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) - (Middle) - (Last) Holland

4. DATE OF DEATH: (Month) Feb. (Day) 20 (Year) 19 53

5. SEX: Female
6. COLOR OR RACE: negro
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single
8. DATE OF BIRTH: Feb. 20, 1953
9. AGE last birthday: yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min. 15

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Robert Holland
14. MOTHER'S MAIDEN NAME: Ruth Jones

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.:
17. INFORMANT & ADDRESS:

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

761.0

Immediate cause (a) premature, separation of placenta

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/20, 1953, to 2/20, 1953, that I last saw the deceased alive on 2/20, 1953 and that death occurred at ....., from the causes and on the date stated above.

SIGNATURE ** Fagel Jett (Degree or title) ADDRESS Prince Frederick, Md. DATE SIGNED 2/20/53

23. BURIAL, CREMATION, REMOVAL (Specify) burial
DATE THEREOF 2/21/53
NAME OF CEMETERY OR CREMATORY Plum Point
LOCATION (City, town, or county) (State) Calvert Co., Md.

DATE REC'D BY LOCAL REGISTRAR 2/21/53
REGISTRAR'S SIGNATURE H.W.Ward,cmc
24. FUNERAL DIRECTOR Pinkney E. Sewell ADDRESS

102340 X302

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
MAR 20 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH — COUNTY: Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willows — LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Md — COUNTY: Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Willows
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): Ruth (First) Ann (Middle) Jones (Last)
4. DATE OF DEATH: (Month) 2 (Day) 1 (Year) 53
5. SEX: F
6. COLOR OR RACE: C
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): S
8. DATE OF BIRTH: 9/9/52
9. AGE last birthday: 4 Mo — If under 1 year: Months / Days — If under 24 hrs: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during ~~most of working life~~, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Md
12. CITIZEN OF WHAT COUNTRY?:
13. FATHER'S NAME: Mervin Jones Jr
14. MOTHER'S MAIDEN NAME: Elizabeth Mae Holland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT AND ADDRESS: Elizabeth Jones

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Bronchial Pneumonia — 3 days

491X

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Found dead in bed

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: H Howard D M E (Degree or title) ADDRESS: Owing Md DATE SIGNED: 2/1/53

23. BURIAL, CREMATION OR MOVAL (Specify): Burial — DATE THEREOF: 2/2/53 — NAME OF CEMETERY OR CREMATORY: St Edwards — LOCATION (City, town, or county): Chas. Beach (State): Md

DATE REC'D BY LOCAL REG.: 2/1/53 — REGISTRAR'S SIGNATURE: H Howard — 24. FUNERAL DIRECTOR: Mervin Jones Jr — ADDRESS: Huntingtown Md

4092203355

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 [illegible]

CERTIFICATE OF DEATH

Reg. Dist. No. 57

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A-5

1. PLACE OF DEATH:
COUNTY Calvert MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick (rural)
LENGTH OF STAY (in this place) Life
HOSPITAL OR INSTITUTION OR STREET ADDRESS Leitch, Md.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick - (rural)
STREET ADDRESS Leitch (If rural, give location) Md.

3. NAME OF DECEASED: (Type or Print) (First) Annie (Middle) H. (Last) Sunderland
4. DATE OF DEATH: (Month) Feb. (Day) 7, (Year) 1953
5. SEX: F
6. COLOR OR RACE: W
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M
8. DATE OF BIRTH: April 9, 1887
9. AGE last birthday: 65 yrs. IF UNDER 1 YEAR Months 9 Days 28 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Calvert County, Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Thomas L. Hutchins
14. MOTHER'S MAIDEN NAME: Annie M. Bowen
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) No (If Yes, give war or dates of service) No
16. SOCIAL SECURITY No.: No
17. INFORMANT & ADDRESS: Joseph Sunderland - Prince Frederick, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH
331X
Immediate cause (a) Cerebral hemorrhage DUE TO
Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) DUE TO
(c)
Interval between Onset And Death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-6, 1953, to 2-7, 1953, that I last saw the deceased alive on 2-7, 1953, and that death occurred at 8:20 P.M., from the causes and on the date stated above.
SIGNATURE R. W. Ward (Degree or title) MD
ADDRESS 57 Lennard
DATE SIGNED 2-8-53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF Feb. 9, 1953
NAME OF CEMETERY OR CREMATORY Asbury Cemetery
LOCATION (City, town, or county) (State) Barstow - Calvert Co., Md.
DATE REC'D BY LOCAL REGISTRAR 2-9-53
REGISTRAR'S SIGNATURE N. W. Ward
24. FUNERAL DIRECTOR ADDRESS C. A. Harkness & Son - Mutual, Md.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 51 ... 01175

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Prince Frederick, Md. — LENGTH OF STAY (in this place) 28
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Calvert
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Prince Frederick Md.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Andrew (Middle) Jackson (Last) TARTE

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: April 2 1919

9. AGE last birthday: 34 yrs. — IF UNDER 1 YEAR: Months 10, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Watchman

11. BIRTHPLACE (State or foreign country): Dillon South Carolina

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Fred Tarte

14. MOTHER'S MAIDEN NAME: Dora Gray

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) yes. (If Yes, give war or dates of service) WWII 7/3/41-7/27/45

16. SOCIAL SECURITY NO.: 217-09-8180

17. INFORMANT & ADDRESS: Wanda Tarte - Prince Frederick, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — Interval Between Onset And Death

151 X
Immediate cause (a) Carcinoma of Stomach
DUE TO

Antecedent causes (s)
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
(b) ... DUE TO
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: **19b. MAJOR FINDINGS OF OPERATION** **20. AUTOPSY?** Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURED While at Work ☐ Not While At Work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 10, 1953, to Feb. 23, 1953, that I last saw the deceased alive on Feb. 13, 1953, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial — DATE THEREOF Feb. 26, 1953 — NAME OF CEMETERY OR CREMATORY Arlington Nat'l. Cem. — LOCATION (City, town, or county) (State) Arlington — Va.

DATE REC'D BY LOCAL REGISTRAR 2-24-53 — REGISTRAR'S SIGNATURE H. W. Ward — **24. FUNERAL DIRECTOR** G. A. Hankins & Son - Mutual, Md. — ADDRESS

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Republic — MARYLAND — LENGTH OF STAY (In this place) — HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Calvert — CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Republic Rte — STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Timothy (Middle) Leroy (Last) Ward

4. DATE OF DEATH: (Month) 2 (Day) 14 (Year) 53

5. SEX: M — 6. COLOR OR RACE: C — 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): — 8. DATE OF BIRTH: 12/30/51 — 9. AGE last birthday: 1 yrs. — If under 1 year: Months, Days — If under 24 hrs: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): — 10b. KIND OF BUSINESS OR INDUSTRY: — 11. BIRTHPLACE (State or foreign country): Md — 12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Louis Ward — 14. MOTHER'S MAIDEN NAME: Celeste Carpenter

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): — (If yes, give war or dates of): — 16. SOCIAL SECURITY NO.: — 17. INFORMANT AND ADDRESS: Celeste Ward

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

473 X

Immediate cause (a) Pneumonia — 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last: (b) Cold

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Died without being seen by a Doctor

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ or CONTRIBUTING ☐ CAUSE OF DEATH. — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at work ☐ Not while at work ☐ — HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from natural causes ☑, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE — (Degree or title) — ADDRESS — DATE SIGNED

Howard Owen Owings Md 2/14/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE THEREOF: 2-16-53 — NAME OF CEMETERY OR CREMATORY: Browns — LOCATION (City, town, or county): Calvert — (State): Md

DATE REC'D BY LOCAL REG. 2-16-53 — REGISTRAR'S SIGNATURE: A. W. Ward — 24. FUNERAL DIRECTOR — ADDRESS: P. T. Sewell Prince Frederick, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

01476

CERTIFICATE OF DEATH

Reg. Dist. No. 51

1. PLACE OF DEATH: COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons; MARYLAND; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Calvert; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Solomons; STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print): (First) Lyla (Middle) Dorothy (Last) Weems

4. DATE OF DEATH: (Month) Feb (Day) 25 (Year) 1953

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): M

8. DATE OF BIRTH: June 19 1888

9. AGE last birthday: 64 yrs. If under 1 year: Months 8, Days 6; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home

10b. KIND OF BUSINESS OR INDUSTRY: Housewife

11. BIRTHPLACE (State or foreign country): Huntingtown, Md

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Reuel Hammond Sherbert

14. MOTHER'S MAIDEN NAME: Anne Priscilla Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No; (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. No

17. INFORMANT AND ADDRESS: J. Walter Weems - Solomons, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Lung — Interval between onset and death: ?

163X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) —

(c) —

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10/10, 1952, to 2/25, 1953, that I last saw the deceased alive on 2/24, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.

SIGNATURE J. W. Weems (Degree or title) Md ADDRESS Huntingtown DATE SIGNED 2/27/53

23. BURIAL, CREMATION REMOVAL (Specify) Burial — DATE THEREOF Feb. 27, 1953 — NAME OF CEMETERY OR CREMATORY St. Paul's Cemetery — LOCATION (City, town, or county) (State) Huntingtown - Calvert Co. - Md.

DATE REC'D BY LOCAL REG. 2-27-53 — REGISTRAR'S SIGNATURE H. W. Ward — 24. FUNERAL DIRECTOR G. A. Harkness & Son — ADDRESS Prince Frederick, Md.

RECEIVED
3 / 2 / 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

01477

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 51

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH: COUNTY Calvert — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Prince Frederick
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Calvert County Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Calvert
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural, give location) Owings Md

3. NAME OF DECEASED (Type or Print): (First) Lilly (Middle) (Last) Wills

4. DATE OF DEATH: (Month) 2 (Day) 15 (Year) 1953

5. SEX: F

6. COLOR OR RACE: C

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify)

8. DATE OF BIRTH: Aug. 31

9. AGE last birthday: 71 yrs. If under 1 year: Months / Days. If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Leroy Booth

14. MOTHER'S MAIDEN NAME: Sarah Ellen

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: no

17. INFORMANT AND ADDRESS: Nannie Carrie Booth

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

490X

Immediate cause (a) Lobar Pneumonia — Interval Between Onset and Death: 10 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/14, 1953 to 2/15, 1953, that I last saw the deceased alive on 2/15, 1953, and that death occurred at 2:40 P m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

H. W. Ward Owings Md 2/16/53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: 2-18-53

NAME OF CEMETERY OR CREMATORY: Mt Hope

LOCATION (City, town, or county) (State): Calvert Md

DATE REC'D BY LOCAL REG. 2-18-53

REGISTRAR'S SIGNATURE: H. W. Ward

24. FUNERAL DIRECTOR ADDRESS: P. E. Sewell Pr. Frederick

RECEIVED
FEB 19 1953
BUREAU V. S.